



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
SPECIAL EDUCATION – COMPLIANCE  
**CHILD COMPLAINT-MODEL FORM**

**Directions**

As explained in the “Procedural Safeguards for Children and Parents” Statement, if any person or organization believes a school district has violated any state or federal regulation implementing the Individuals with Disabilities Education Act (IDEA), a signed, written child complaint may be filed with the Missouri Department of Elementary and Secondary Education. The model form below may be used when filing a Child Complaint.

MAIL completed form to: Missouri Department of Elementary and Secondary Education (DESE)  
Division of Special Education Compliance  
C/O Child Complaint Coordinator  
Post Office Box 480  
Jefferson City, MO 65102-0480  
Or FAX to: (FAX) 573-526-4404

**Contact Information**

Agency/District Name	County		
Child's Name	Child's Disability (If known)	Age	Grade

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Person filing the complaint** (if different than the Parent/Guardian) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to Parent or Child \_\_\_\_\_

The agency indicated above has violated state and federal regulations implementing the IDEA in the following area(s):

<input type="checkbox"/> Placement	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Related Services	<input type="checkbox"/> IEP	<input type="checkbox"/> Due Process
<input type="checkbox"/> FERPA	<input type="checkbox"/> Discipline	<input type="checkbox"/> Other (Explain) _____		

Summary of Complaint Allegation(s):  
(Additional pages may be attached)

Signature of Person filing Complaint

Date